

**NO CLAIMS DECLARATION**

HOME INSPECTOR

**TYPE OF RISK:** \_\_\_\_\_

I/We hereby declare that the information contained in the Application Form dated \* \_\_\_\_\_ has not materially altered and that after enquiry I/We are not aware of any claim or circumstance which could give rise to a claim or loss on the above captioned Policy.

Named of Applicant Firm: \_\_\_\_\_

Date: \*\* \_\_\_\_\_

Print Name of Executive Office Signing Below: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Enter the Date that the originally submitted application was completed should be inserted here. This date must match the date on the originally submitted application.

\*\*Enter the current date that this document is being signed here (cannot be post-dated).